

A seven-year review (2011-17) of the work-based assessment component of Malta's Specialist Training Programme in Family Medicine

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ABSTRACT

Background

Work-based assessment (WBA) within Malta's Specialist Training Programme in Family Medicine is recorded using the 'One-to-One Appraisal' form in the General Practitioner (GP) Trainee Educational ePortfolio.

Objectives

The postgraduate training coordinators in family medicine review the above annually to see where the WBA is operating well and to identify where improvements are required.

Method

The 'One-to-One Appraisal' involves the completion of a scoring system (selecting one score from 'needs further development': 1-2-3; 'competent': 4-5-6; and 'excellent': 7-8-9) for twelve competency areas. The educational portfolio is reviewed using objective requirements listed in the form 'Review of the GP Trainee Educational Portfolio'.

Results

The review of educational portfolios revealed commendable practices including detailed educational plans and case-logs, a general

trend of adherence to time frames, and high attendance rates for group-teaching sessions. While One-to-One Appraisal documents were filled in satisfactorily, the issue of remarkably high average scoring was encountered. Moreover disparities were seen between scores and comments in some of the 'GP trainee interim review by GP trainer' forms. Deficiencies were outlined in clinical supervision time, mainly during family medicine government placements, while incomplete adherence to placement requirements was noticed.

Conclusion

A significant amount of quality work was carried out by the GP trainees under their trainers' supervision. Two main areas of improvement were however outlined – the need for refining the GP trainers' score allocation and the importance of regular review of the portfolio by both trainees and trainers, with the prompt flagging of persisting unresolved issues to the training coordinators.

Key Words

Education, family practice, workplace, educational assessment, Malta

INTRODUCTION

Background

A Specialist Training Programme in Family Medicine (STPFM) was drawn up by the Malta College of Family Doctors (MCFD) and approved in 2006 by the Ministry for Health's Specialist Training Committee (Sammut, 2017). Such training was launched a year later within the Department of Primary HealthCare (PHC) and by 2017 produced 70 graduate specialists in family medicine (Sammut, 2017). The three-year training programme consists of placements that are 50% in family medicine and 50% in other relevant specialties (Sammut and Abela, 2012). Each trainee practices and trains under the supervision of a GP trainer and other appropriate specialists, while also participating in weekly group teaching sessions within a half-day release course (HDRC) (Sammut and Abela, 2012).

Successful completion of the STPFM requires a GP trainee to pass the work-based assessment (WBA), the applied knowledge test (AKT), and the clinical skills assessment (CSA). Besides being one of the three components of the summative assessment, WBA also provides formative assessment for the trainee through annual appraisal of an electronic educational portfolio, which includes reports from the GP trainer and supervisors of other speciality placements, from healthcare professionals (multi-source feedback) and from patients through consultation satisfaction questionnaires (Sammut and Abela, 2014).

The educational portfolio also allows the GP trainee to record learning experiences (through the trainee self-rating scale, educational plans, tutorial programmes, video-consultation analyses and case-based discussions), clinical experiences (including logs of cases seen during various attachments) and educational activities (such as teaching and learning within the HDRC, basic and advanced life support certificates) (Specialist Training Programme in Family Medicine – Malta, 2012).

In the annual appraisal, the GP trainer and trainee review the progress of the trainee, plan future training using the educational portfolio and complete the 'One-to-One Appraisal'. The latter and the educational portfolio are

then reviewed by the postgraduate training coordinators in family medicine using the form 'Review of the GP Trainee Educational Portfolio' which comprises a list of objective requirements. If such requirements are met, the trainee is recommended for progression to the next year of training or, if in the final year, is certified as having completed the final-year appraisal and educational portfolio and, consequently, passed the WBA. In cases of unsatisfactory review, the procedures that are followed comprise remedial actions and, if needed, progress review and appeals boards (Specialist Training Programme in Family Medicine – Malta, 2014).

Objectives

As recommended in the report by the External Development Advisers of the UK's Royal College of General Practitioners following their visit to Malta in July 2010, a yearly Quality Management Report has been drawn up since 2011 by the postgraduate training coordinators to:

- analyse the annual appraisal processes,
- verify the areas in which the WBA is functioning properly and
- outline other areas which need further development.

This study reviews the reports issued from the years 2011 until 2017.

METHOD

The educational portfolio is reviewed using objective requirements listed in the form 'Review of the GP Trainee Educational Portfolio' (Specialist Training Programme in Family Medicine – Malta, 2014).

The 'One-to-One Appraisal' (Specialist Training Programme in Family Medicine – Malta, 2014) involves the completion of a scoring system for twelve competency areas (NHS & RCGP, 2005), selecting one score from:

- 'needs further development': 1, 2 or 3;
- 'competent': 4, 5 or 6; and
- 'excellent': 7, 8 or 9.

The twelve competency areas (NHS & RCGP, 2005) are the following:

1. Communication and consultation skills
2. Practising holistically
3. Data gathering and interpretation
4. Making a diagnosis / making decisions
5. Clinical management
6. Managing medical complexity
7. Primary care administration and information management technology
8. Working with colleagues and in teams
9. Community orientation
10. Maintaining performance, learning and teaching
11. Maintaining an ethical approach to practice
12. Fitness to practise

The scores gathered from these surveys were transcribed into a Microsoft Excel spreadsheet to enable quantitative analysis.

The postgraduate training coordinators reviewed the GP trainee educational portfolio for a number of requirements (listed below), using the criteria of completion as necessary, with the obligatory details, in the required numbers, on time and with the mandatory signatures. Reports were also vetted for consistency, both internal (between different sections within the same report) and external (between different reports), and note was taken of deficiencies pointed out in post evaluations.

The requirements of the educational portfolio are:

- Learning record: educational agreement, trainee self-rating scales, educational plans, tutorials with GP trainers and hospital supervisors, video analyses of patient consultations and case-based discussions;
- Formative assessment: trainee interim reviews by GP trainer, reports on GP trainee by hospital clinical supervisors, multi-source feedback questionnaires (completed by members of the GP trainee's team) and consultation satisfaction questionnaires (completed by adult patients);
- Educational activities: record of HDRC group teaching sessions attended, participation in the delivery of one HDRC session per academic

year discussing guidelines/journal articles, basic/advanced life support certificates;

- Clinical Experience: child health surveillance in well baby clinics, direct observation of procedural skills;
- Evaluation of Posts: in hospital and family medicine.

Ethical considerations

No ethical approval was needed since sensitive personal data were not gathered.

RESULTS

The review of the educational portfolios revealed commendable practices including:

- detailed educational plans with specific targets and outcome reviews;
- the performance of extra tutorials, case based discussions and video analyses of patient consultations;
- detailed logs of cases seen, including problem cases;
- high attendance rates by trainees for group teaching HDRC sessions; and
- a general trend of adherence to the time frames necessary for submission of portfolio requirements.

While One-to-One Appraisal documents were filled in satisfactorily, the issue of remarkably high average scoring was encountered, with trainees already being scored 5 or 6 (medium to high competency scores) after the first year of training (see Figure 1). Moreover, disparities were seen between scores and comments in some of the 'GP trainee interim review by GP trainer' forms. On the other hand it was noted that, over the years, cross-referencing (between scores and comments) by the GP trainers in general was more evident with less disparities in the reports completed.

In their training post evaluations, some trainees outlined deficiencies in their clinical supervision training time, mainly during family medicine placements in government service. While a very small minority of trainers keeps failing to fill in important sections in various reviews performed (despite repeated reminders from the training coordinators), a proportion

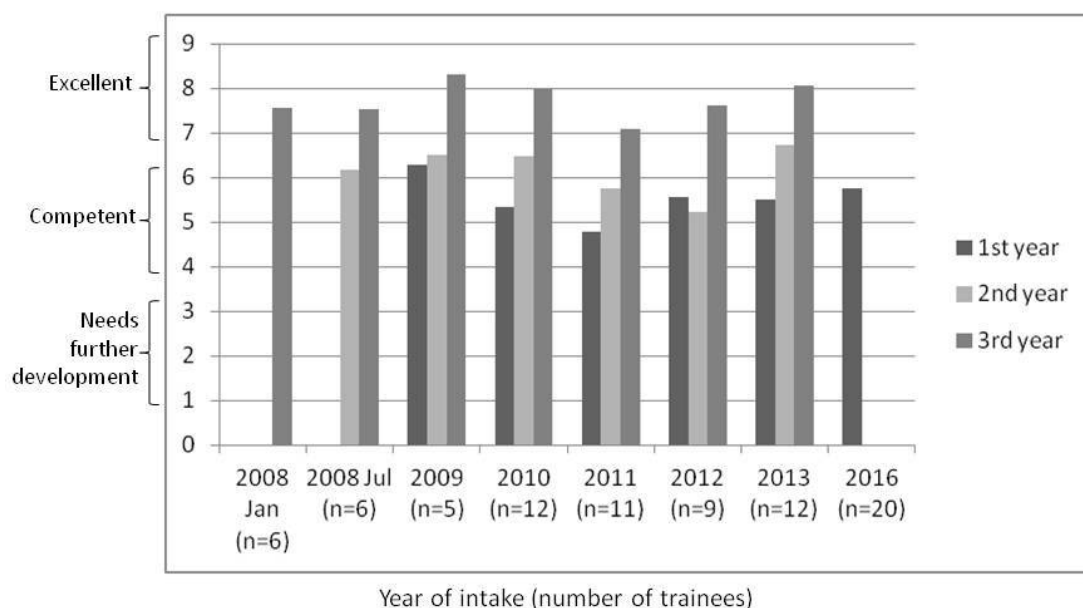


Figure 1: Comparison of average annual appraisal scores

Year of appraisal	Percentage Unsatisfactory Appraisal
2012	45%
2013	25%
2014	56%
2015	60%
2016	70%
2017	65%

Table 1: Comparison of the percentage unsuccessful appraisals from 2012 to 2017

of trainees were noted to have inputted forms late, relevant to their placement dates (in some cases by over 6 months). Some of these forms were then not signed by the relevant clinical supervisors or GP trainers, with these issues having to be addressed in subsequent remedial actions that the trainees had to perform.

Such issues with forms and other problems resulted in trainees being unsuccessful in the review of their annual appraisal. The percentage unsuccessful appraisals varied between a low of 25% to a high of 70% during the period 2012 – 2017 (see Table 1). In the majority of cases the issues were minor in nature (such as incomplete or missing documents). As such, these were tackled by remedial actions issued by the postgraduate training coordinators. More

serious issues (such as failure by the trainer or supervisor to sign off as satisfactory an end-of-placement report) required review by a progress review board.

DISCUSSION

Discrepancy between scores and comments

While the revealed commendable practices showed that the trainers and trainees involved were working well together, a worrying discrepancy was noted between the remarkably high average competency scores after the first year of training and the critical comments in some of the 'GP trainee interim review by GP trainer' forms. A typical example is of a trainee being given an excellent score for a particular competency by the trainer, who then lists

improvements that are needed for that area in the comments section. The high scores might be a result of the popularity of the specialist training programme in family medicine, with the ensuing competitive selection process resulting in the appointment GP trainees of high quality.

Such high scoring might also result from reluctance amongst some trainers to grade trainees as 'needing further development' when so required. In this regard, GP trainees in the UK were found to "place a low value on rating scale scores and they perceive a lack of honesty in assessments ... that undermines the credibility of workplace-based assessment" during hospital training (Sabey and Harris, 2011). This concurs with a 2011 report entitled 'Evaluation of the RCGP GP Training Curriculum' that identified reluctance in recording concerns by some hospital-based clinical supervisors in their reports on GP trainees (Bedward, et al., 2011). In fact 'failure to fail' students has been identified as an issue for medical educators, including general practitioners (Cleland, et al., 2008).

A contrast was evident between high scores awarded in the competency areas and the critical comments made in end-of-placement reports by some trainers. This highlights the need for the theme of assessment and score allocation to be given its due importance. Periodic discussion of this theme is warranted in trainer continuing professional development (CPD) sessions.

Although regular trainer CPD meetings had been envisaged for the STPFM since 2006 (Sammur, et al., 2006), such sessions were only introduced ten years later (Abela and Sammut, 2015). This launch followed a recommendation in 2015 that GP trainers undergo further training in formative / work-based assessment during regular CPD meetings that are organised specifically for them (Abela and Sammut, 2015). Subsequently, an educational needs assessment provided useful information that enabled the set up of regular CPD meetings for GP trainers within Malta's STPFM (Sammur and Abela, 2017).

During 2019 the GP trainer CPD meetings tackled the assessment of video consultations and case-based discussions (Sammur and Abela, 2019). Following positive feedback from the participants, it is planned that the same topic will

be tackled further during 2020, with members of the MCFD Assessment Team providing training in assessment (Sammur and Abela, 2019). Continuing training in assessment for trainers and assessors of GP trainees has been recommended in the UK (Bedward, et al., 2011), with international evidence showing that training in assessment, among other teaching skills, is of benefit to the GP teacher (Guldal, et al., 2012).

Deficiencies in clinical supervision

The deficiencies outlined by some GP trainees in their clinical supervision training time within family medicine placements in government service have persisted despite having been identified previously. In their post evaluation forms, trainees repeatedly commented that, despite working in the same roster as their trainers, they are then assigned on the weekly roster to work in different venues. In fact, in a comparison by Sammut and Abela of evaluation forms collected during the first (2007-08) and fifth years (2011-12) of the STPFM, GP trainees had suggested that they be assigned to work in the same health centre as their trainers, and that more clinical teaching be provided despite the heavy workload and lack of staff (Sammur & Abela, 2013).

GP trainees need face-to-face supervision provided by experienced GP trainers working beside them (Wearne, 2011), with such direct supervision being known to have a positive effect on patient outcome and trainee development (Kilminster, et al., 2007). Unfortunately, despite regular reminders from the postgraduate training coordinators in family medicine to the Primary HealthCare administration, GP trainers and their trainees continue to be assigned daily duties in different venues.

Issues with reviews and forms

Issues with reviews and forms are the reason for unsuccessful appraisals, which varied between 25% and 70% during 2012 – 2017 (see Table 1). The identified issues of incompletely filled reviews, late submission of forms and missing signatures of trainers/supervisors may be avoided or identified and tackled if trainees update their educational portfolio regularly

(preferably on a weekly basis). Trainers are also advised to regularly review the portfolio with their trainees and make sure that they properly follow instructions related to the completion of required forms. The efficacy of WBA is enhanced by the provision by the trainer of accurate feedback based on the needs and focused on the performance of the trainee (Norcini and Burch, 2007).

Regular reviews of the educational portfolio are especially important in preparation for the 'Trainee Interim Review by GP Trainer' and for the 'One-to-One Appraisal', not only to inform the completion of these documents, but also to ensure that the portfolio presented for review reaches the required standard. There is good evidence that regular feedback from mentors enhances the success of well-implemented portfolios in effectively supporting professional development in post-graduate healthcare education (Webb, et al., 2006; Driessen, et al., 2007; Tochel, et al., 2009).

GP trainers and/or GP trainees are advised to involve the training coordinators as soon as possible in any persisting unresolved issues in order to hopefully facilitate an early resolution. It is to be noted that a procedure for the review of trainers and trainees who have recurrent problems during the STPFM was recommended by the postgraduate training coordinators in the Quality Management Report for 2015 (Abela & Sammut, 2016a). The procedure was subsequently compiled by the coordinators and was approved in 2016 by the Specialist Training Committee in Family Medicine for subsequent implementation (Abela & Sammut, 2016b).

CONCLUSION

A significant amount of quality work was carried out by the GP trainees under their trainers' supervision. This review also outlined two main areas of improvement: the need for refining the GP trainers' score allocation; and the importance of regular review of the portfolio by both trainees and trainers, with the prompt flagging of persisting unresolved issues to the training coordinators.

RECOMMENDATIONS

Arising from the review of the One-to-One Appraisal, it is recommended that the theme of assessment and score allocation be given its due importance and periodically discussed in the trainer CPD sessions, which were launched in 2016 after repeated reminders by the coordinators.

Arising from the review of the educational portfolio, the following recommendations are made:

- The trainees should review and update the work logged in their educational portfolio at least once a week in order to keep on track.
- The trainee and trainer should also ensure they follow instructions related to completion of forms and regularly review the portfolio to ensure it reaches the required standard.
- A procedure for managing training concerns and issues that was proposed in 2014, compiled by the coordinators and approved in 2016, should be implemented when necessary.

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